

Name  
in  
Full

James

Bennett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *West-Friendship* <sup>Town</sup> *Howard* <sup>County</sup> **MARYLAND**

Date of death *1909 Feb.* <sup>Month</sup> *14* <sup>Day</sup> *14* <sup>Age</sup> *3* <sup>Years</sup> *3* <sup>Months</sup> *3* <sup>Days</sup>

Sex *Male* Color or Race *Black* Birth-place *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Abraham Bennett*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Grace Young*Mother's  
Birthplace*Maryland*Name of person giving  
Information*Abraham Bennett*How related  
to deceased*Father*

## CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary

*Insanition*

How long

*at Birth*

Immediate

*Umbilical Hemorrhage*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

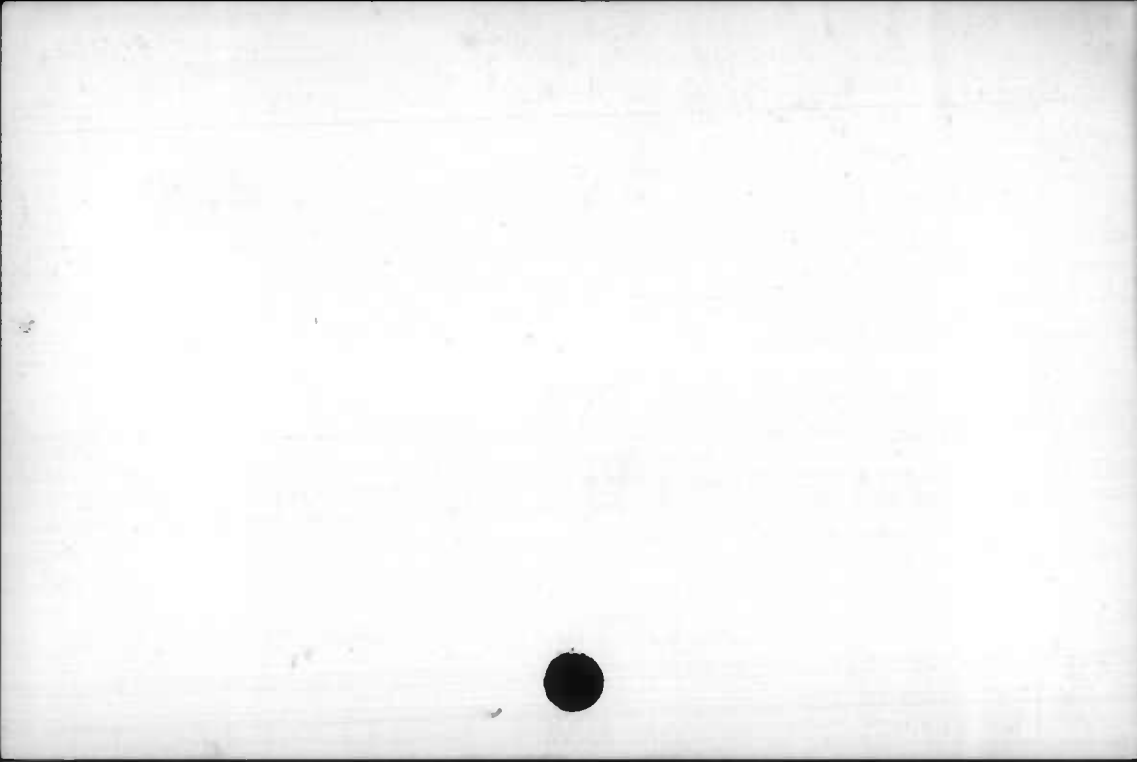
Address

*John W. Webb Jr.*  
*West-Friendship*

Accident or Suicide?

*Howard County*

LIBRARY BUREAU AB0010



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Brown</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>27</i>		Years <i>—</i>	
Date of death <i>1909</i>		Age <i>—</i>		Months <i>—</i>		Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ellicott City, Md</i>			
Occupation <i>no</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>no</i>					
Father's Name <i>Charles B. Brown</i>		Father's Birthplace <i>A. A. Co., Md</i>					
Mother's Melden Name <i>Caroline B. Raudalls</i>		Mother's Birthplace <i>Ellicott City, Md</i>					
Name of parson giving Information <i>Charles A. Raudalls</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>7 Months</i>
Immediate	<i>As then is</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm B Gambrell</i>	
Address <i>Ellicott City</i>		<i>Maryland</i>	
Accident or Suicide <i>8</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

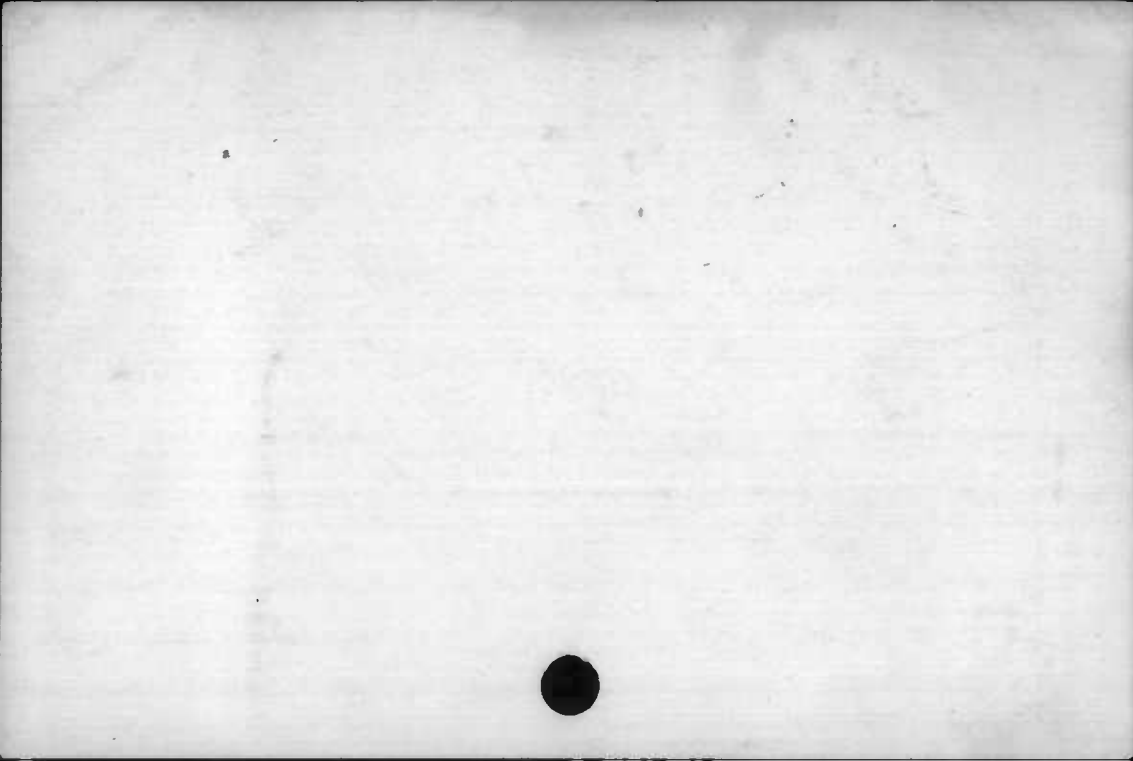
Died at <i>Elkton</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>			
Date of death	<i>1907</i> <sup>Year</sup>	<i>Feb</i> <sup>Month</sup>	<i>22</i> <sup>Day</sup>	Age <i>None</i> <sup>Years</sup>	Months <i>1</i> <sup>Months</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Elkton</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Elkton</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>John T. Bell</i>	Father's Birthplace <i>Va -</i>				
Mother's Maiden Name <i>Violet Hackett</i>	Mother's Birthplace <i>Mid.</i>				
Name of person giving information <i>John T. Bell</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

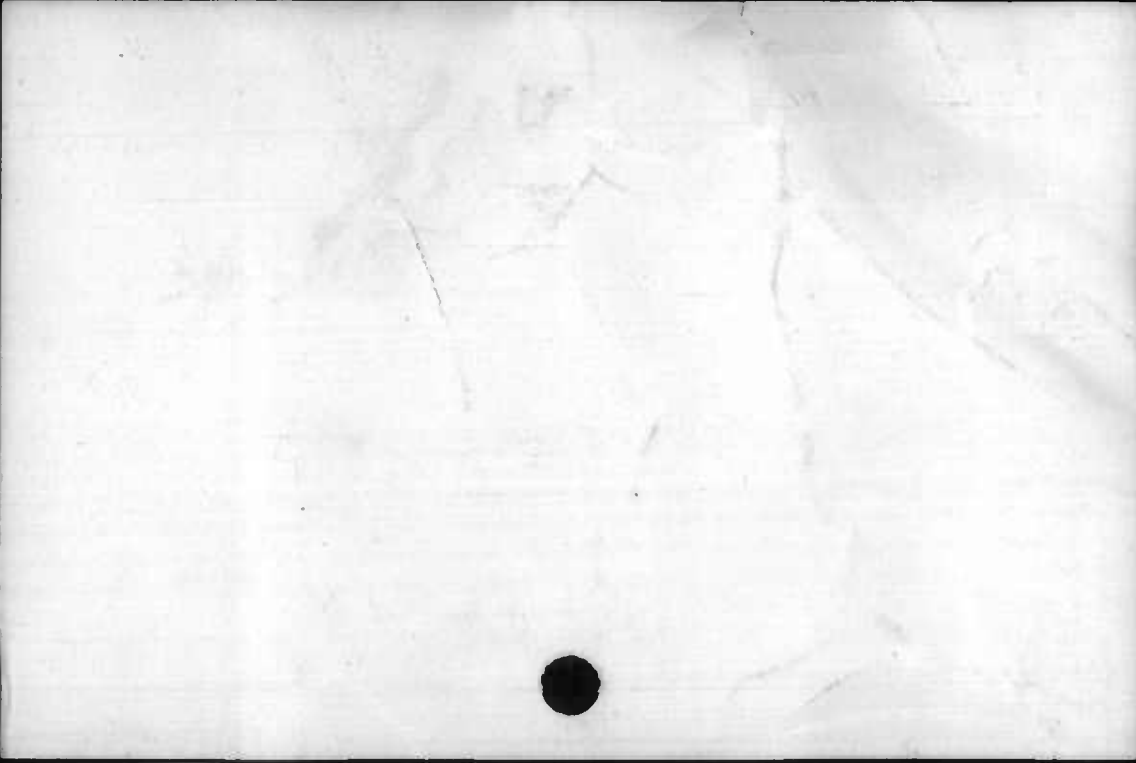
93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Suffocation</i>	How long <i>Pneumonia</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. L. L. L.</i>
	Address <i>Highland Md.</i>
Accident or Suicide?	



Name in Full <i>Mary Elizabeth Murall</i>		CERTIFICATE OF DEATH	
Died at <i>Jessup</i> Town		<i>Howard</i> County	
Date of death <i>1909</i> Month <i>Oct</i> Day <i>Thurs</i> 7 Years <i>74</i> Months <i>1</i> Days <i>22</i>		MARYLAND	
Sex <i>Female</i> Color or Race <i>White</i> Birthplace <i>Maryland</i>			
Occupation <i>Housewife</i> Where Residing if not at place of death <i>Jessup.</i>			
Married, Single or Widowed <i>Widow</i> Name of Wife or Husband <i>Franklin Murall.</i>			
Father's Name <i>Joshua Anderson</i> Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Susan Anderson.</i> Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>H. F. Murall</i> How related to deceased <i>Son</i>			
CAUSES OF DEATH			
Primary <i>Bronchitis</i>		How long <i>4 weeks</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. T. Hammond</i>	
Accident or Suicide? <i>No</i>		Address <i>Jessup Ind.</i>	





Name  
in  
Full

Levi Fisher

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died near Florence

Howard.

Date

Month

Day

Years

Months

Days

of death 1909

Feb.

3

Age

39.

8

—

Sex

Male.

Color or  
Race

Negro.

Birth-  
place

Maryland.

Occupation

Railroad Construction

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married.

Name of Wife

Watchman

Martha Fisher

Father's  
Name

Henry Fisher

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Martha Frazier.

Mother's  
Birthplace

Maryland

Name of person giving  
Information

David E. Warner.

How related  
to deceased

Friend

CAUSES OF DEATH

27

Primary

Tuberculosis of Lung &amp; Throat. About 2 years.

How long

Immediate

Exhaustion &amp; sepsis.

How long

Weeks.

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

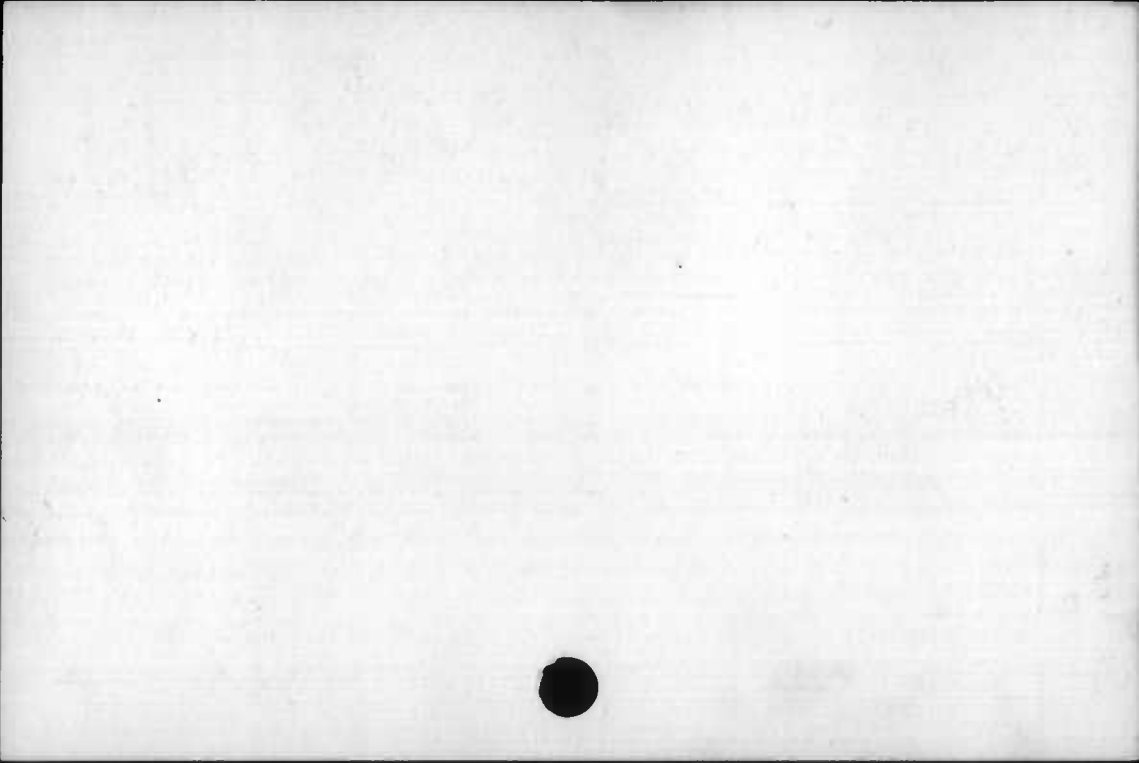
Address

J. W. Lacy  
Lisbon,  
Md.

Accident or Suicide?

LIBRARY BUREAU A68816

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ford

## CERTIFICATE OF DEATH

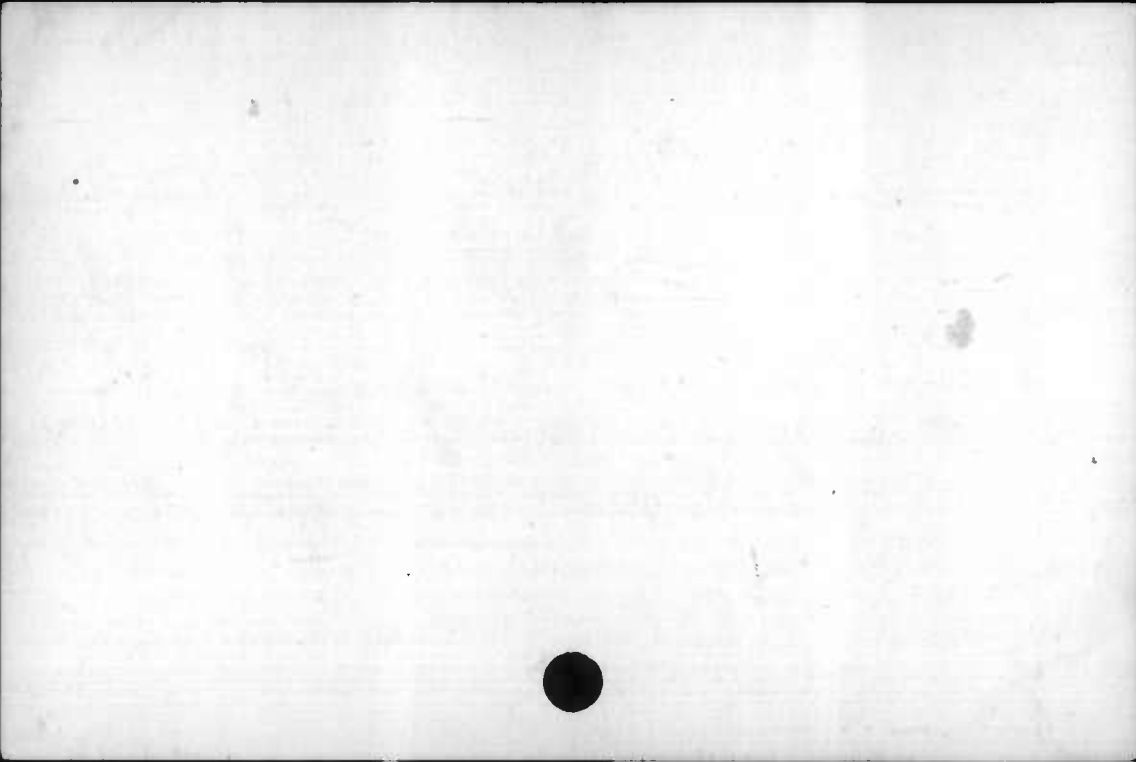
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>alpha</u> Town		County <u>Howard</u>		MARYLAND	
Date of death <u>1909</u> Month <u>Feb</u> Day <u>19</u>		Age <u>deadrtn</u> Months <u>      </u> Days <u>      </u>			
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>alpha</u>		
Occupation			Where Residing if not at place of death <u>at home</u>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Nathan Ford</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Hellen Lewis</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Hellen Lewis</u>			How related to deceased <u>mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Dead born</u>	How long	<u>8</u>
Immediate		How long	<u>      </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Benj F. Shipley</u>
<u>yes</u>		Address	<u>alpha md</u>
Accident or Suicide?			



Name  
in  
Full

William Henry Gaither

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town near Lisbon County Howard MARYLAND

Died near Lisbon

Date of death 1909 Feb. 10 Age 19 Years 19 Months — Days —

Sex Male Color or Race Negro Birth-place Maryland

Occupation Farm Laborer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Lyod Thomas Gaither Father's Birthplace Md.

Mother's Maiden Name Sarah Virginia Matthews Mother's Birthplace Md.

Name of person giving information Lyod Thomas Gaither How related to deceased Father

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Acute Miliary Tuberculosis How long 3 weeks

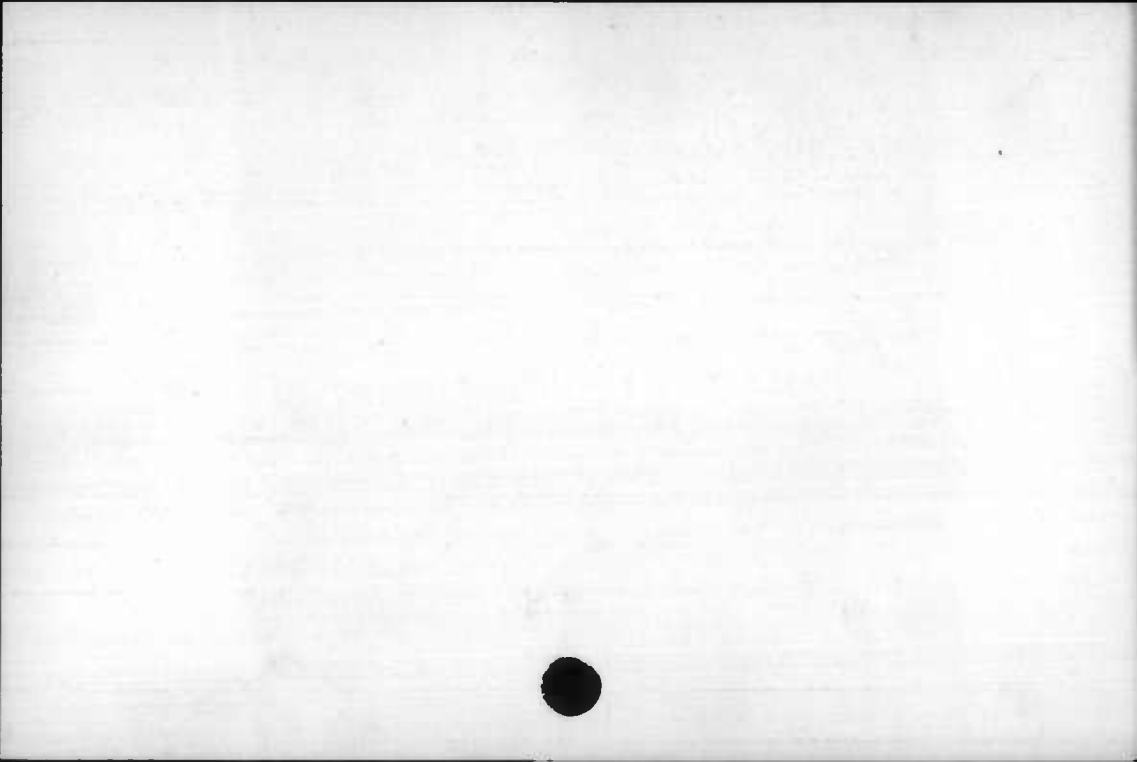
Immediate Auto-toxemia How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. W. Lacy

Address Lisbon, Md.

Accident or Suicide? —



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James Gibson</i>		Town <i>Woodstock</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Feb</i>		Day <i>0</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birthplace <i>MD</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Charles Gibson</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mary Rogers</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Miss Oscar Shipley</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary <i>Tubercular Meningitis?</i>		How long <i>2 mos</i>	
Immediate <i>Cerebral Spasms</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank P. Miller M.D.</i>	
Address <i>Ellicott City, MD</i>			
Accident or Suicide <i>No</i>			





Name  
in  
Full

John Baptist Herman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shester</i> Town		<i>Howard Co</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>February</i>	Day <i>Monday</i>	Age <i>84</i>	Months <i>5</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>Cabinet maker</i>	Where Residing if not at place of death <i>Shester</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>do not know</i>	Father's Birthplace <i>_____</i>				
Mother's Maiden Name <i>do not know</i>	Mother's Birthplace <i>_____</i>				
Name of person giving information <i>Paul F. Huber</i>	How related to deceased <i>no relation</i>				

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>30 yrs</i>
Immediate <i>Heart failure</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos B. Diering</i>
	Address <i>Ellicott City</i>
Accident or Suicide? <i>No</i>	<i>md</i>



1706

Name

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Infant of Joe James* Town \_\_\_\_\_ County \_\_\_\_\_  
 Died at *Columbia Howard* MARYLAND  
 Date of death 190 *9* Month *2* Day *16* Age *Birth* Years *0* Months *0* Days *09*  
 Sex *Male* Color or Race *Wh* Birth-place *Ind*  
 Occupation *no* Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed *no* Name of Wife or Husband *no*  
 Father's Name *Joseph James* Father's Birthplace *Ind*  
 Mother's Maiden Name *Elizabeth Carroll* Mother's Birthplace *Ind*  
 Name of person giving information *Dr. Shive* How related to deceased *no*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still birth (badly de* How long *8*  
 Immediate *compromised* How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? ☒  
 Signature of Physician *W. C. Shive*  
 Address *Ellicott City*  
 Accident or Suicide ☒



Name  
in  
Full

Edith Mac Groves

✓  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

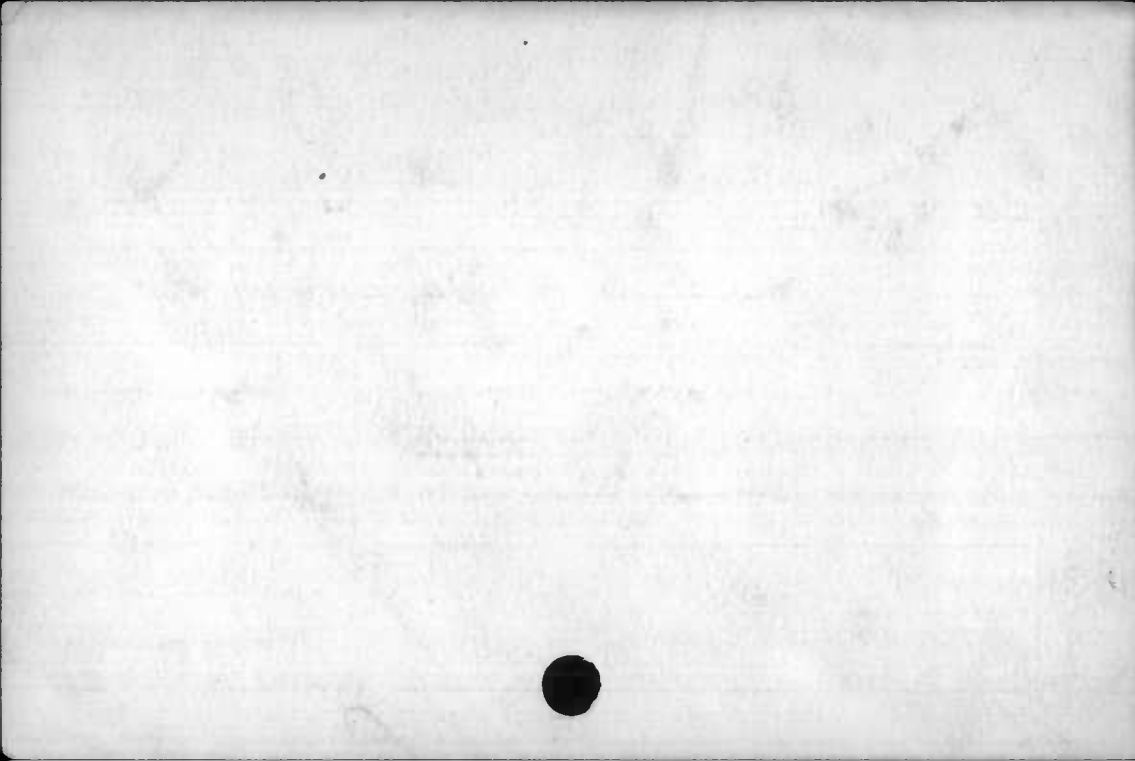
Died at <i>Elk Ridge</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb</i>	Day <i>7</i>	Age <i>30</i> <small>Years</small>	Months <i>1</i> Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Elk Ridge</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert Mac Groves</i>				
Father's Name <i>William Bush</i>	Father's Birthplace <i>Elk Ridge</i>				
Mother's Maiden Name <i>Mary Rickes</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mary L Earle</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>chronic intestinal nephritis</i>	How long <i>6 months</i>
Immediate <i>same</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge Md</i>
Accident or Suicide? <i>no</i>	



Name in Full *William Clark Miller*

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Elliott City* County *Howard* MARYLAND

Died at *Elliott City* *Howard*  
Date of death 1909 *Feb* 5 Age *—* Months *—* Days *3*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *ns* Where Residing if not at place of death *—*

Married, Single or Widowed *ns* Name of Wife or Husband *ns*

Father's Name *W F Miller* Father's Birthplace *Ind*

Mother's Maiden Name *Bessie Carey* Mother's Birthplace *Ind*

Name of person giving Information *Jas Miller* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary *Premature Birth (> mo child)* How long

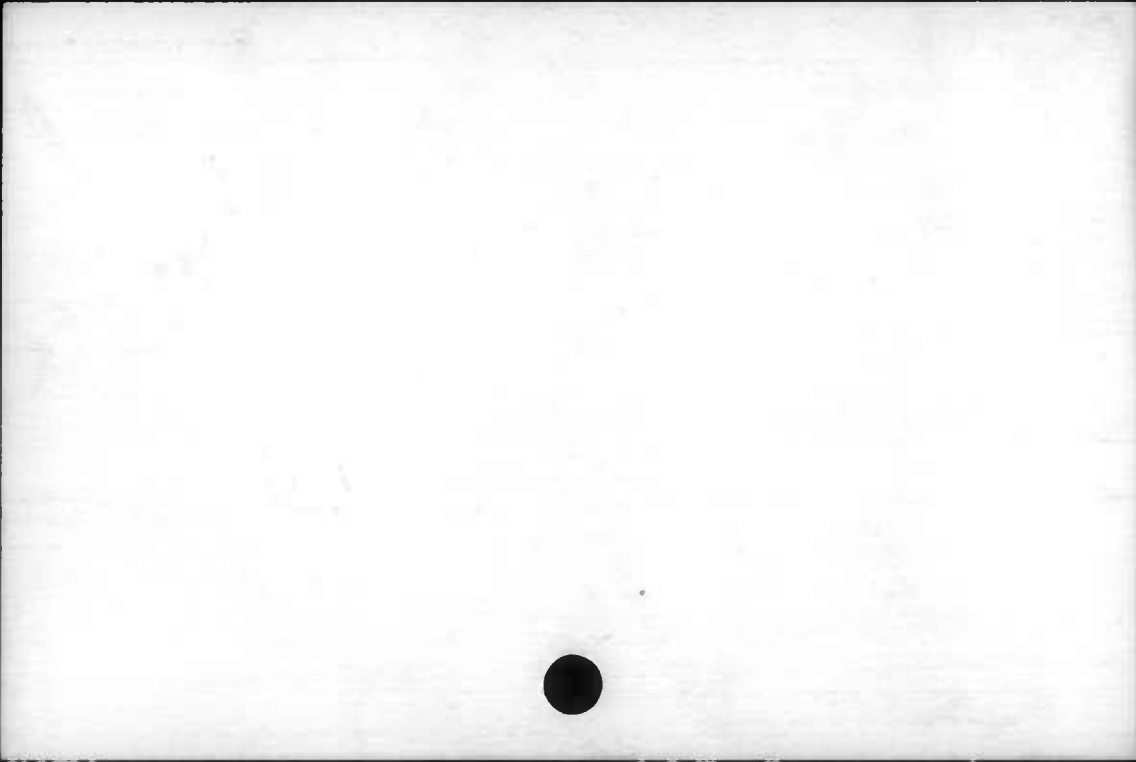
Immediate *Asthma Progressive* How long

Are the name, age, sex, color, date and place correctly given above ?

Signature of Physician *W.C. Smith*

Address *Elliott City*

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Joshua Mullinix*  
 Died at *Alberton* town *Howard* County  
 Date of death *1909* Month *Feb.* Day *15* Age *55* Years Months Days  
 Sex *Male* Color or Race *White* Birth-place *Maryland*  
 Occupation *Blacksmith* Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed *Married* Name of Wife or Husband *Mary A. Mullinix*  
 Father's Name *Joshua Mullinix* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Annie Nicholson* Mother's Birthplace *Maryland*  
 Name of person giving Information *Mary A. Mullinix* How related to deceased *Wife*

CAUSES OF DEATH

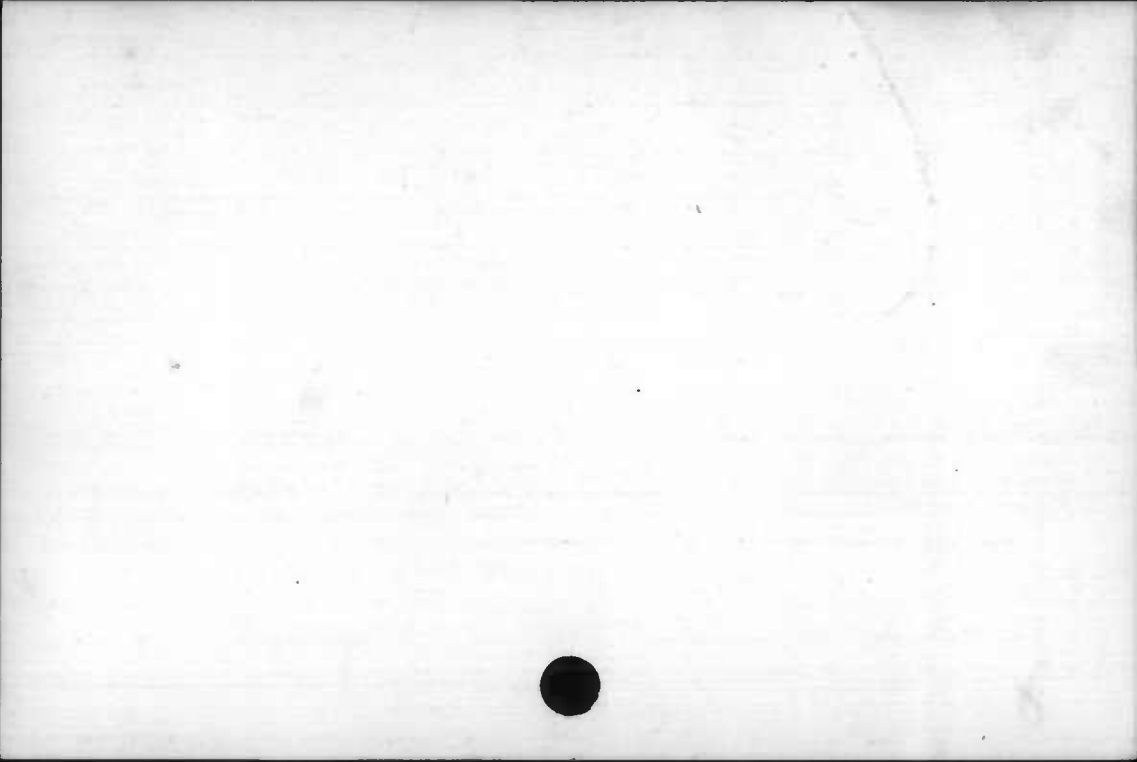
*50*

PHYSICIAN  
OR CORONER

Primary *Diabetes Mellitis* How long *Two years(?)*  
 Immediate *Apoplexy* How long *Suddenly*  
 Are the name, age, sex, color, data and place correctly given above? *Yes.* Signature of Physician *Wm. B. Sambrill*  
 Address *Bellicott City, Md*  
 Accident or Suicide ☒

Mr View cemetery  
Howard Co

Name in Full		Town		County		STATE	
Eliza Partin		Savage		Howard		MARYLAND	
Died at		Date of death		Age		Months Days	
1909		2 8		70			
Sex		Color or Race		Birthplace			
Female		black		Md			
Occupation		Where Residing if not at place of death					
Retired		Savage					
Married, Single or Widowed		Name of Wife or Husband					
widow		Joshua Partin					
Father's Name		Father's Birthplace					
Noah Partin		Md					
Mother's Maiden Name		Mother's Birthplace					
unknown		unknown					
Name of person giving information		How related to deceased					
Joshua Partin		Son					
CAUSES OF DEATH							
Primary		How long					
Infirmities of Age		2 years					
Immediate		How long					
Heart Failure		progressive					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
yes		Whitticum M.D.					
		Address					
		Savage					
Accident or Suicide?							
No							



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Simpsonville* Town*Howard* CountyDate of death 1909 *Feb* MonthDay *10*Age *—* YearsMonths *—*Days *11*Sex *Male*

Color or Race

*White*

Birth-place

*MD*Married, Single or Widowed *—*Occupation *—*Name of Wife or Husband *—*

Father's Name

*Howard F. Scott*

Father's Birthplace

*MD*

Mother's Maiden Name

*Florence Stevens*

Mother's Birthplace

*MD.*

Name of person giving information

*Mrs Dorsey*

How related to deceased

*None*

## CAUSES OF DEATH

176

Primary

*Contusion of scalp & head*

How long

*4 days*

Immediate

*Asthenia from cerebral compression*

How long

*Progressive*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*W. B. L. Caldwell*

Address

*Highland MD.*Accident or Suicide? *8*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town		<i>Howard</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Feb.</i>		Day <i>12</i>		Age <i>69</i>		Years <i>no</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		Months <i>no</i>		Days <i>no</i>	
Occupation <i>Waiter</i>		Where Residing if not at place of death <i>Ellicott City</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Jane Scott</i>							
Father's Name <i>Oliver Scott</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Margaret Robinson</i>		Mother's Birthplace <i>Maryland</i>							
Name of person giving Information <i>Frank Scott</i>		How related to deceased <i>Son</i>							

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About 2 1/2 years</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Gambrell</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide	

Western Star Cemetery



Name  
In  
Full

Charles Jones Shepherd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

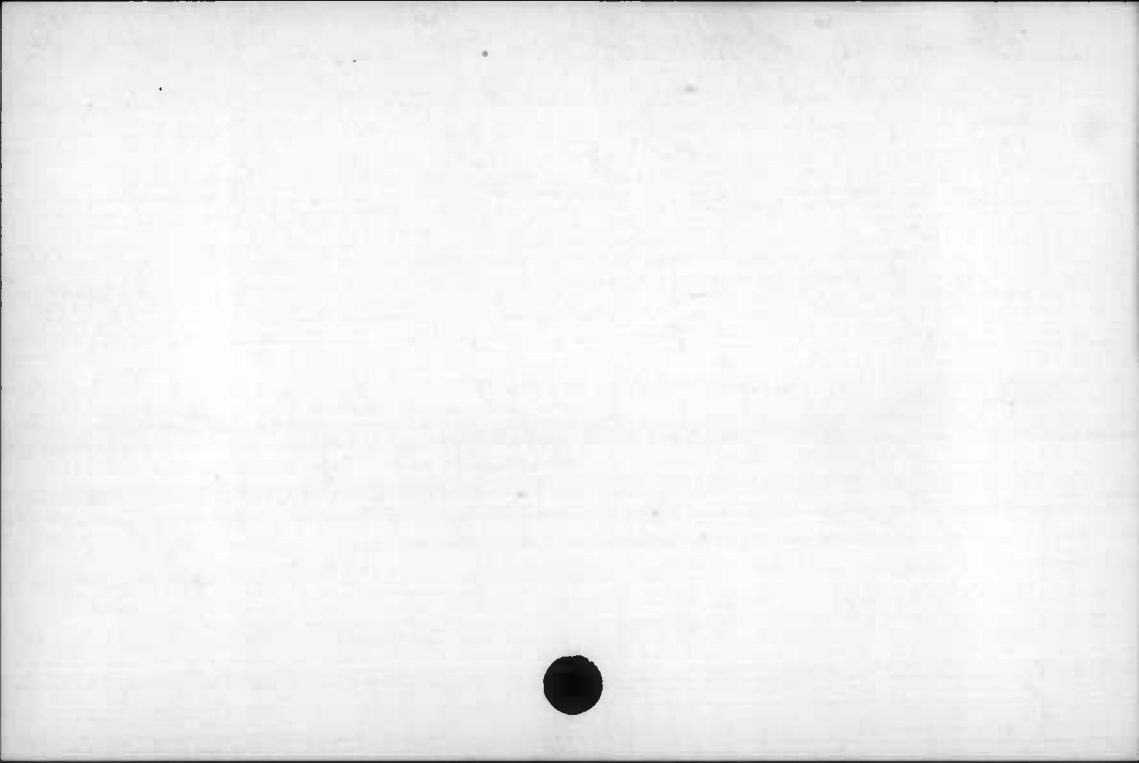
Died at <u>Florence</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>Feb.</u> <small>Month</small>	<u>18</u> <small>Day</small>	Age <u>3</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>11</u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>Negro</u>		Birth-place <u>Florence Md.</u>	
Occupation <u>                    </u>			Where Residing if not at place of death <u>                    </u>		
Married, Single or Widowed <u>2</u>		Name of Wife or Husband <u>                    </u>			
Father's Name <u>Evan Aquilla Jones</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Helena Viola Shepherd</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Helena Viola Shepherd</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia (Supposed to be no physician was in attendance)</u>	How long <u>24 hours</u>
Immediate <u>                    </u>	How long <u>                    </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. W. Lacy</u>
	Address <u>Lisbon Md.</u>
Accident or Suicide? <u>                    </u>	



Name  
in  
Full

Irene Snell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

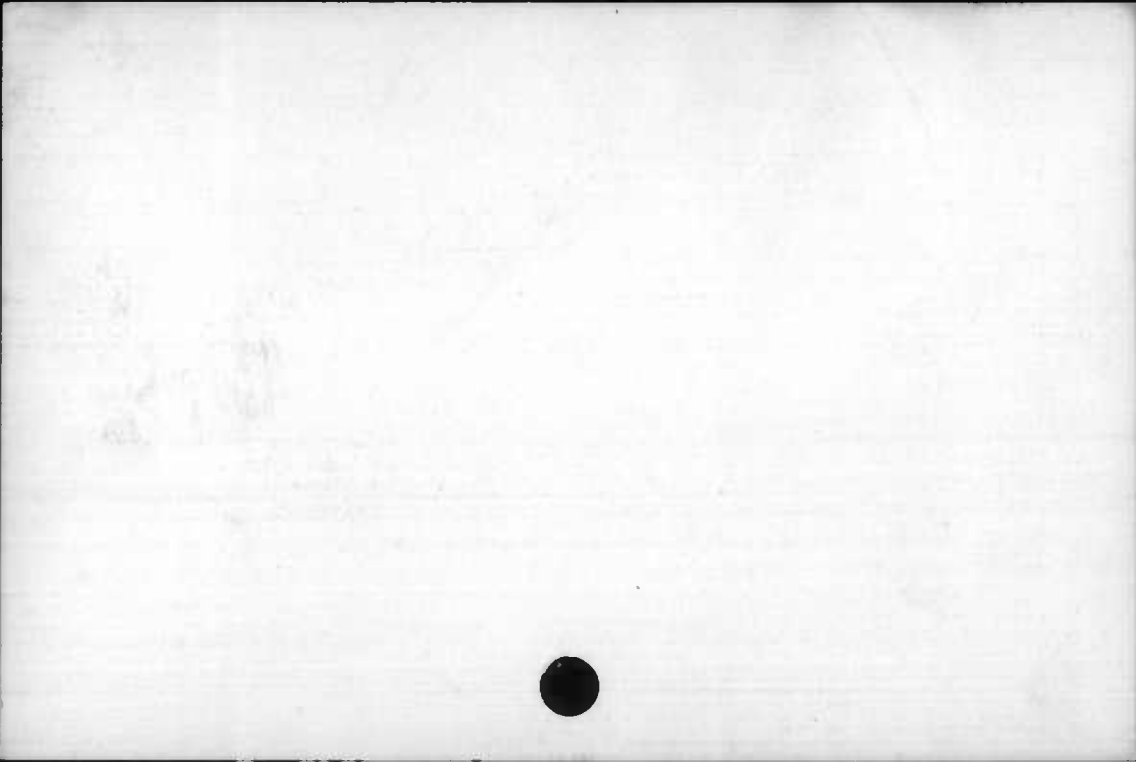
Died at <i>near Laurel</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909 Feb</i> <sup>Month</sup>	<i>3</i> <sup>Day</sup>	Age <i>19</i> <sup>Years</sup>	Months		Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>md</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James Snell</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Susie Bergin</i>	How related to deceased <i>man</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>4 wks.</i>
Immediate <i>Hummerages</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. C. H. H. H.</i>
	Address <i>Laurel</i>
Accident or Suicide? <i>No</i>	<i>No</i>



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

James Franklio Stanton

CERTIFICATE OF DEATH

MARYLAND

Died at near Linton

County

Howard

Date

of death 1909

Month

Feb.

Day

12

Age

Years

Months

Days

1 1/2 days

Sex

Male

Color or  
Race

Negro

Birth-  
place

about

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Lewis Stanton

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Lizzie Prettyman

Mother's  
Birthplace

Md.

Name of person giving  
In formation

Lewis Stanton

How related  
to deceased

Father

## CAUSES OF DEATH

176

Primary

Difficult Labor

How long

Immediate

Subarachnoid hemorrhage

How long

1 3 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. W. Lacy

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Date  
of death

1909 Feb.

Day

14

Age

Years

Months

Days

14

Sex

male

Color or  
Race

white

Birth-  
place

Maryland

Occupation

none

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Robert B Thompson

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elvira H. Sindall

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Robert B Thompson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Malnutrition.

How long

6 wks

Immediate

Asthma

How long

Progressive

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. C. Shinn

Address

Ellicott City.

Accident or Suicide



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